

IN THE 13^{TH} JUDICIAL CIRCUIT COURT, BOONE COUNTY, MISSOURI

| Judge or Division: | Case Number: | | | | | | | | | | |
|--|---|------------------------------|----------------------------------|--|-----------------|-------------|-----------------------------|---------------|-------|--|--|
| Finan | | | | | | | | | | | |
| PLEASE PRINT and COMPLETE BOTH SIDES | | (Date File Stamp) | | | | | | | | | |
| PERSONAL INFORMATION | | | | | | | | | | | |
| Name (last, first, middle) | | | Date of Birth | | | | Full Social Security Number | | | | |
| Email Address: | | | | | | | | | | | |
| Address house apartment lot no. | | | City | | | | | Zip | | | |
| · | | | | | | | | | | | |
| Home Phone Number Work Phone Number | oer Celli | ular Phone | hone Number Driver's License | | | ense Number | ber State | | | | |
| Mailing Address (if different than above) | | Mari | Marital Status ☐ Single ☐ Marrie | | | ☐ Married | ∃ Separated □ Widowed | | | | |
| | | ☐ Divorced If divorced | | | | | e final _ | | | | |
| If Married, Spouse's Name (last, first, middle) | | | | | | | | | | | |
| Name and Address of Nearest Living Relative | | | Relationship | | | | Phone Number | | | | |
| List the Names, Addresses & Phone Numbers of Two Personal References Not Related to You. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name Address | | | Phone | | | | | Years Known | | | |
| Name | dress | Phone | | | | | Years Known | | | | |
| Name | uress | Thore | | | | | | rears Milowii | | | |
| Names of Dependents Dates of Birth | | | Student (Yes/No) College/Univ | | | | ersity | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Have you ever filed for bankruptcy? | ⊥ s □ No | l ate filed | ed Date | | | completed | | | | | |
| | | PLOYER | | | | | | | | | |
| Employer Name, Address, and Phone Number | Position | | | | | How Lor | ıg? | | | | |
| | | | | | | | | | | | |
| Supervisor's Name Pay Days | | | | | | | | | | | |
| Tay bays | | Ta | | | ake Home Pay \$ | | | Wk | Month | | |
| Previous Employer Name, Address and Phone Number | | | osition | | | | | ı | | | |
| Chause's Employer Name Address and Dhare Number | | | ocition | | | | | | | | |
| Spouse's Employer Name, Address, and Phone Number | | | Position | | | | | ıg? | | | |
| Supervisor's Name Pay Days | | | | | | | | | | | |
| • | | | Take Home Pay \$ | | | y \$ | | Wk | Month | | |
| If self-employed, type of business/trade | | | | | | | | | | | |
| ASSETS AND LIABILITES Vehicle #1 Year / Make Present Value | | | | | | | | | | | |
| | | | | | | | \$ | | | | |
| | | | | | | | Present Value | | | | |
| Bank/Financial Account Number | Name and Address of Financial Institution Pro | | | | | | esent Ba | lance | | | |
| Bank/Financial Account Number | Address of F | ess of Financial Institution | | | | | lance | | | | |
| | | | \$ | | - | | | | | | |

| Investment/Brokerage Account Number | Name and Ad | | Present Balance \$ | | | | | | |
|--|--------------------|----------|--------------------------|-------------------------|-------------------------------------|--|--|--|--|
| Other property such as real estate, boats, snowmo | nobiles (describe) | | | | Value \$ | | | | |
| | | | TC | OTAL ASSETS | \$ | | | | |
| | | | | | • | | | | |
| List all your Creditors (Mortgage Companies, Banks, Credit Card Accounts, Finance Companies, Rent-To-Own Companies). Use a separate sheet of paper to list additional creditors. | | | | | | | | | |
| Company Name | Balance Owin | | | , | Credit Limit | | | | |
| Company Name | Balance Owin | | Payment Amount (Wk./Mo.) | | Credit Limit | | | | |
| Company Name | Balance Owin | | Payment Amount (Wk./Mo.) | | Credit Limit | | | | |
| Company Name | Balance Owin | ng | Payment Amount (Wk./Mo.) | | Credit Limit | | | | |
| Landlord Name, Address, and Phone Number | | | | | | | | | |
| | | T | TOTA | L LIABILITIES | \$ | | | | |
| MONTHLY INCOME | | | | MON ⁻ | THLY EXPENSES | | | | |
| Gross monthly income (self) \$ | | | | Mortgage or rent | \$ | | | | |
| Gross monthly income (spouse) \$ | | | | Utilities | \$ | | | | |
| Unemployment benefits \$ | | | | Vehicle payments | \$ | | | | |
| Social Security \$ | | | | Insurance (vehicle | , | | | | |
| Retirement/Pension benefits \$ | | | | Other loan paymer | | | | | |
| Child Support \$ Alimony/Maintenance \$ | | | | Child support/Alim | ony \$ \$ | | | | |
| | | | | Medical payments Phone | \$ | | | | |
| Disability \$ Veteran's benefits \$ | | | | Food | \$ | | | | |
| Interest/Dividends \$ | | | | Child care | \$ | | | | |
| Welfare \$ | | | | Court Payments | | | | | |
| Medicaid \$ | | | | Other: | \$ | | | | |
| Other (cash): \$ | | | | | * | | | | |
| TOTAL INCOME \$ | | | | | AL EXPENSES \$ | | | | |
| ACKNOWLEDGEMENT & DECLARATION | | | | | | | | | |
| I acknowledge that: The above information is a complete and accurate statement of my current financial condition. Lying on this application constitutes a crime. (Section 575.060, RSMo.) I authorize this court, their employees or agents to conduct a complete and thorough investigation of my statement. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. | | | | | | | | | |
| Defendant's Signature | | | | Di | ate | | | | |
| ☐ APPLICATION FOR EXTENSION C | F TIME FOR | R PAYMEN | IT (checl | k if you are requesting | g an extension of time for payment) | | | | |
| Why are you not prepared to pay all fines and court costs today? | | | | | | | | | |
| How much are you prepared to pay today? | | | | | | | | | |
| If your application is approved, when will your balance be paid? | | | | | | | | | |
| It is with this understanding and acknowledgement that I formally request an extension of time for payment of cost, restitution, and fines now due and payable to this court. | | | | | | | | | |
| x | | | | | | | | | |
| Defendant's Signature | | | | Da | ate | | | | |